

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESSEE

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the county has approved your back cash aid of \$ \_\_\_\_\_.

## HERE'S WHY:

You were pregnant and / or parenting when you turned 18 years old and your cash aid was stopped. You should have continued to get cash aid in your own case.

Your back cash aid is figured on the next page.

- ☐ A check will be sent soon.
- ☐ A check is enclosed.
- ☐ You may get another notice about Cal-Learn Supportive Services or Bonus.

If you get Food Stamps we will count your back cash aid as a resource.

- ☐ You may get another notice from Food Stamps.

**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply: you may review them at your welfare office: MPP sections 40-171.11, 42-101, 42-762.21, 82-820.

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## (Continued)

**Underpayment Amount Owed**  
**(For Underpayments Occurring on or after 1-1-98)**

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_

**Underpayment Month and Year:** \_\_\_\_\_

<b>(A) Net Countable Income</b>					
Total Business Income	\$				
Business Expenses					
a. 40% Standard OR	-				
b. Actual	-				
Net Earnings from Self Employment	=				
Total Disability-Based Unearned Income (Assistance Unit (AU) + Non Assistance Unit (Non-AU) Members)	\$				
\$225 Disregard	-				
Nonexempt Unearned Disability-Based Income OR	=				
Unused Amount of \$225 Disregard	=				
Total Earned Income	\$				
Net Earnings from Self-Employment (from above)	+				
<b>Subtotal</b>	=				
Unused Amount of \$225 Disregard	-				
<b>Subtotal</b>	=				
Earned Income Disregard 50%	-				
<b>Subtotal</b>	=				
Nonexempt Unearned Disability-Based Income (from above)	+				
Other Nonexempt Income (AU + Non-AU Members)	+				
<b>Net Countable Income</b>	=				
<b>(B) Correct Cash Aid Payment</b>					
Maximum Aid Payment (# persons) \$ Amount (AU + Non-AU Members)	( )	( )	( )	( )	( )
Special Needs (AU + Non-AU Members)	+				
Net Countable Income From Section A	-				
<b>Subtotal A</b>	=				
Maximum Aid Payment (MAP) (AU Only)	\$				
Special Needs (AU only)	+				
<b>Subtotal B</b>	=				
Correct Cash Aid Amount (Lesser of Subtotal A or B)	\$				
<b>(C) Child Support Penalty Adjustment</b>					
25% Child Support Penalty	-				
<b>Subtotal C</b>	=				
<b>(D) Adjustments</b>					
a. Additional 25% Child Support Penalty	-				
b. Overpayment	-				
c. Cal-Learn Penalty	-				
d. Cal-Learn Bonus	+				
Adjusted Cash Aid:	<b>Subtotal D</b>	=			
<b>(E) Underpayment</b>					
Correct Cash Aid Amount	\$				
Cash Aid Paid To You	-				
<b>Subtotal E</b>	=				
<b>Amount of Underpayment for Each Month</b>	=				

**Rules:** These rules apply; you may review them at your Welfare Office: MPP 44-340.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

**TOTAL UNDERPAYMENT (All Months)** \$ \_\_\_\_\_